Using Links to Help Older Disabled Persons with Transitions

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Abstract:

Many reasons have been given for the failure of rehabilitation counselors to work with older, disabled persons. Among these are negative attitudes and public policies that exclude these individuals from the traditional rehabilitation caseloads. Another reason is a lack of awareness and knowledge among rehabilitation professionals of the needs and concerns of older, disabled persons and how they may be met. In this article the author attempts to fill a gap in the existing knowledge base by identifying the network of personal and community supports that may be mobilized by rehabilitation counselors in working with older, disabled persons.

Article:

Rehabilitation counselors typically have not included older persons in their caseloads. In fact, the bias against doing so exists not only among counselors but also in public policy statements (Benedict & Ganikos, 1981). Because fully one-third of all functionally disabled persons are over the age of 65 (Rehab Group, 1979), and because development and growth continue over the life span, there is a clear need to change policies, attitudes, and laws that arbitrarily prevent older, disabled persons from receiving rehabilitation services through the state and federal program.

As other articles in this special issue demonstrate, the impact of disability on human development has certain commonalities across the life span. The successful accomplishment of universal developmental tasks and transitions at any age is affected by the onset or presence of disabling conditions. For older persons, disability can be an important factor in adaptation to universal life transitions. In addition to normal age-related physiological change, disability imposes needs for coping and may itself be the impetus for transitional events. Early retirement, for example, may become necessary as a result of disability rather than personal choice. Rehabilitation counselors represent a potential resource to help persons with transitions such as these, whether forced or volitional.

Throughout the life span, successful coping with transitions and stresses, such as those imposed by disability, has been linked with biological and psychosocial resources. An important mediator in responding to stress is the support network of the individual, both formal and informal. Based on continuity of life and commonalities of development, one can expect the network of supports to be similar for persons who are older, disabled, or both older and disabled.

In this article an attempt is made to fill the gap in knowledge concerning services for neglected groups of disabled persons during life transitions. The intent is to show both the commonalities and uniquenesses of older, disabled persons in terms of their service and support networks. By identifying these networks, rehabilitation counselors can develop effective links with service programs to assist them in rehabilitation of older, disabled persons.

HELPING TRANSITIONS OF OLDER DISABLED PERSONS

The traditional network of vocational rehabilitation services for disabled persons, including the state-federal rehabilitation program, services for persons with visual impairments, medical and vocationally oriented

rehabilitation facilities, and private rehabilitation companies, is well known. At all ages, persons who can afford to pay can have access to the services they need; others use public services when these are available, What is most important is the extent of the use of these services by older, disabled persons, reasons for service use rates, and potential means for use of these services by rehabilitation counselors working with older, disabled persons in transition.

In 1980, rehabilitation service data indicated that only 2.4% of rehabilitants for 1979 were over age 65 (Benedict & Ganikos, 1981). In fact, "there is a consistent reduction in the proportion of the population served after the 20-24-year-old age group" (Blake, 1981, p. 26). It seems that both contact with and service by rehabilitation agencies decreases as the incidence of disabilities increases (Blake, 1981), which demonstrates an inverse relationship between age and service delivery.

Although few studies have been concerned with rehabilitation and older people, rehabilitation counselors have been found to have negative attitudes toward older persons (Rasch, Crystal, & Thomas, 1977). Other care providers, however, share this negative bias, along with a traditional view of older persons as needing maintenance services to maintain them until they "inevitably" decline and die—rather than life enhancement services—to help them continue to grow and develop. Both kinds of services may be needed by older, disabled persons. Both are available through rehabilitation agencies, although younger persons traditionally have been the recipients of available resources. Services that could help in the transitions of older, disabled persons are, in fact, available in rehabilitation agencies. In addition, many such services are available in the various agencies that constitute the service network for older persons.

SERVICE NETWORK FOR OLDER PERSONS

Although the informal network (e.g., family, friends, and neighbors) may he especially important for a given older person (Zarit & Zarit, (1984), the focus of this discussion is on the formal or community network of services. The central focus of programs for older persons is the Older Americans Act (OAA), originally passed in 1965 and administered by the U.S. Administration on Aging (AOA) ((Merle, 1981).

The complex and interrelated system of legislative components, federal and state agencies, private agencies and grantees, and local service programs constitutes what is commonly referred to as the aging network (although grammatically incorrect, this is nevertheless the accepted terminology in the field of gerontology). The stated purposes of this network are to preserve independence, worth, and dignity for older persons, especially those living in the community, through both maintenance and life enhancement functions. The AOA oversees grants for community service projects, research, and demonstration projects and training programs for service providers to older persons (Getz, Smyer, & Lawton, 1980).

The U.S. Department of Health and Human Services administers the programs of the AOA through the Office of Human Development. The structure of AOA is similar to that of the Rehabilitation Services Administration (RSA), each having 10 regional offices and offices in each state, district, and territorial government. In contrast to RSA, all of the federal and state agencies of AOA serve administrative rather than direct service functions.

The state-federal aging programs divide each state into one or more single or multicounty regions, called planning and service areas (PSAs). Services for older persons within each PSA are coordinated by an administrative unit known as the Area Agency on Aging (AAA). The approximately 650 AAAs do not provide direct services but are the channel for federal and state funds for local service programs under the Older Americans Act and the Social Security Act.

Local service programs include over 5,000 senior centers and 1,200 nutrition programs with over 8,000 individual, community meal sites. They serve up to 7 million persons annually (Oberle, 1981). The senior centers emphasize independence and wellness (Schienle & Eiler, 1984) and may offer one or more social services such as information and referral, community meals, home-delivered meals ("meals on wheels"),

recreation and social services, transportation, escorts, shopping assistance, health screening, outreach, legal services, education, counseling, and other social services.

Within the federal government, both the House Select Committee on Aging and the Senate Special Committee on Aging serve as advocacy and oversight committees, and both conduct extensive studies of the needs and concerns of older persons (Oberle, 1981). Every 10 years a White House Conference on Aging is held, similar to the White House Conference on Handicapped Persons, to provide legislators with information concerning older people's needs.

In addition to the federal-state governmental structure, a vast network of other agencies and individuals help to provide services to older people. These include proprietary agencies, such as nursing homes and in-home care providers; private, nonprofit agencies, such as the Visiting Nurses Associations and charity organizations; and volunteer organizations, which may both employ and provide services to older people (Myers, 1980, 1982; Oberle, 1981).

National organizations such as the National Council on the Aging, National Council of Senior Citizens, American Association for Retired Persons, National Retired Teachers Association, and the Gray Panthers serve advocacy functions and also may provide direct services to their members through local chapters nationwide. Both lists and descriptions of these and other national resources are readily available through the American Association for Counseling and Development (AACD) library, publication sales department, and numerous AACD publications on aging and are not repeated in detail here (see Myers, 1980, 1985, and associated reference lists).

On the local level, various clubs and organizations exist in which older persons may participate. These groups may provide both recreation and service functions for their members. Also operating on the local level is the informal network of family, friends, and neighbors that interact with older people and are the primary resource in helping them to meet their needs.

The vast array of possible services and programs for older persons may seem overwhelming, especially when viewed as existing in addition to the large network of services with which rehabilitation counselors currently interact. This network becomes more manageable when viewed within a familiar framework: the rehabilitation process and the components of the aging network that are appropriately used through that process. The rehabilitation process itself can be an effective mechanism for helping in the transitions of older, disabled persons.

INTEGRATING SERVICE NETWORKS

The rehabilitation process is a goal-oriented process that seeks to help disabled persons move from a state of dependence to one of independence, or as much independence as possible within the limitations imposed by one or more disabling conditions. The underlying philosophy of this process is not different when older, disabled persons become the clients, nor is the nature of the process itself changed. What may differ at certain points is the types of services used to assist in the process; however, many of these services are identical and relate to the disability itself rather than to the age of the client. Although the exact nature of the transition may differ for older, disabled persons (e.g., away from full-time employment and toward part-time employment or retirement), the need for coping with challenges imposed by transitions is similar.

Although both vocational and independent living services may be needed, independent living may be a more feasible goal for some older persons because of the severity of the disability or disabilities. Services for maintenance functions may be more readily gained by older, disabled persons because these services are age-related or age-expected (i.e., expected to be provided to a person of a certain age).

Bozarth (1981) provided a detailed description of similarities and differences in the rehabilitation process between traditional clients and older, disabled persons and showed that there are more similarities than

differences. Referral sources are the same for both types of clients; however, employers may more often refer adult, disabled persons whereas adult family members and nursing home staff may be the referral sources for older clients. Disabled young adults may be referred for help in finding employment whereas older, disabled persons may be referred for help in maintaining independence. In both instances, the underlying purpose of referral is to assist the disabled individual in a search for meaning and self-worth (Bozarth, 1981).

Diagnostic evaluations are similar for both types of clients. Family supports for older, disabled persons may more often include adult children. Medical treatment will be similar, but the types of medical problems experienced may differ for older persons. In addition, the willingness and expertise of health care providers for dealing with older, disabled persons may be less than optimal.

Because many service programs for older, disabled persons have a maintenance rather than a rehabilitative orientation, they should be used with extreme caution by rehabilitation professionals, whose goal is to restore or maintain an optimal level of functioning. Recovery periods may be longer for older, disabled persons, leading to longer time periods on rehabilitation caseloads. General principles of medical and psychosocial rehabilitation defined in the voluminous rehabilitation literature apply equally well to disabled and older, disabled persons (Dunn, 1981; Myers, 1983).

Training services tend to be different for the two types of clients, based on expectations of years of full-time employment. Younger clients may be appropriate for long-term training, whereas older clients may derive most benefit from short-term training. In reality, older clients may have a greater variety of transferable skills; hence, longer training programs simply may be unnecessary for them.

Various special employment programs exist to assist older persons in finding employment. Described in detail elsewhere (Myers, 1980; Myers & Salmon, 1984), they include specialist programs for the older worker with the U.S. Employment Service offices and specialized programs in numerous locales. The Retired Senior Volunteer Program, Senior Companion Program, Foster Grandparent Program, and Green Thumb are examples of specially financed programs that provide services and remuneration for part-time employment of older persons. Programs through Projects with Industry have been developed to place older, disabled workers in employment (Housman & Baumann, 1981). The same barriers that exist in placement of younger, disabled persons exist when older, disabled persons are the clients, and they are complicated by the additional barriers imposed by ageism and age discrimination in employment (Myers, 1980).

CONCLUSION

Services to older, disabled persons, as might be expected, are not totally different from services for any disabled person. This is especially true of services for persons with multiple disabilities, because older persons tend to have multiple disabilities and handicaps. Thus, they need multiple resources to assist them in living and working to the maximum extent of their capabilities. In working with older, disabled persons, rehabilitation counselors can use the variety of services they now use to promote the rehabilitation of disabled persons of all ages. In addition, they have at their disposal a vast array of resources that are available through the network of services for older people.

Rehabilitation counselors will find their knowledge of community resources and skills in coordinating these resources to be invaluable in work with older, disabled persons. The task is not so much learning new information to work with this population as it is using what is already known. Effective use of resources by rehabilitation counselors, based on a life span orientation to human development and disability, can help older persons in making successful life transitions.

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